



ARTMA

## Fare-less Cab Company Enrollment Form

Complete and fax to 410-269-5989; attn: Clean Commute Coordinator. Please contact Paula Chase-Hyman at 410-263-7964 x 107 if you require additional information.

Company Name: \_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fare-less Cab Representative (if different than contact): \_\_\_\_\_

**ARTMA member:** ☐ yes ☐ no

As a member benefit, ARTMA will provide a subsidy of 10% of your dues, on an annual basis, towards any incurred cab fares. ARTMA membership has its benefits! Visit [www.artma.org](http://www.artma.org) or call 410-897-9340 for more information.

Approximate # of 'clean commuters' eligible for program:

☐ 0-10 ☐ 11-20 ☐ 21+ (specify number: \_\_\_\_\_)

I understand that by enrolling in the **Fare-less Cab Program**, my organization agrees to pay all or a portion of the cab fare of any employee who submits a valid Fare-less Cab voucher. The above listed contact/representative is responsible for maintaining the vouchers and will contact the Clean Commute Program at 410-263-7964 x107 immediately if any vouchers are lost or stolen.

\_\_\_\_\_  
Signature (authorized company representative)

\_\_\_\_\_  
Date

**Fax to: 410-269-5989**  
**ATTN: Clean Commute Coordinator**

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For internal use only

Fare-less Cab ID Number: \_\_\_\_\_